

<b>SCC eFile</b>	<b>2012 ANNUAL REPORT</b> <b>COMMONWEALTH OF VIRGINIA</b> <b>STATE CORPORATION COMMISSION</b>	<b>212541888</b>			
<div style="display: flex; justify-content: space-between;"> <div style="width: 60%;"> <p>1.) CORPORATION NAME:  <b>ROCKY MOUNTAIN ELK FOUNDATION, INC.</b></p> <p>2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:  <b>CT CORPORATION SYSTEM</b>  <b>4701 COX RD STE 301</b>  <b>GLEN ALLEN, VA 23060-6802</b></p> <p>3.) CITY OR COUNTY OF VA REGISTERED OFFICE:  <b>HENRICO COUNTY</b></p> <p>4.) STATE OR COUNTRY OF INCORPORATION:  <b>MT</b></p> </div> <div style="width: 35%;"> <p>DUE DATE: <b>12/31/2012</b></p> <p>SCC ID NO: <b>F1126350</b></p> <p>5.) STOCK INFORMATION</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">CLASS</td> <td style="width: 50%;">AUTHORIZED</td> </tr> </table> </div> </div>			CLASS	AUTHORIZED	
CLASS	AUTHORIZED				
<p>6.) PRINCIPAL OFFICE ADDRESS:</p> <p style="margin-left: 40px;">ADDRESS: 5705 GRANT CREEK RD</p> <p style="margin-left: 40px;">CITY/ST/ZIP: MISSOULA, MT 59808</p>					
<p>7.) DIRECTORS AND PRINCIPAL OFFICERS:      All directors and principal officers must be listed. An individual may be designated as both a director and an officer.</p>					
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 55%; vertical-align: top;"> NAME: M DAVID ALLEN  TITLE: PRES/CEO  ADDRESS: 5705 GRANT CREEK RD  CITY/ST/ZIP/CO: MISSOULA, MT 59808 </td> <td style="width: 10%; text-align: center; vertical-align: top;"> <input checked="" type="checkbox"/> OFFICER </td> <td style="width: 35%; text-align: center; vertical-align: top;"> <input type="checkbox"/> DIRECTOR </td> </tr> </table>			NAME: M DAVID ALLEN TITLE: PRES/CEO ADDRESS: 5705 GRANT CREEK RD CITY/ST/ZIP/CO: MISSOULA, MT 59808	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
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<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 55%; vertical-align: top;"> NAME: RODNEY TRIEPKE  TITLE: SEC/COO  ADDRESS: 5705 GRANT CREEK RD  CITY/ST/ZIP/CO: MISSOULA, MT 59808 </td> <td style="width: 10%; text-align: center; vertical-align: top;"> <input checked="" type="checkbox"/> OFFICER </td> <td style="width: 35%; text-align: center; vertical-align: top;"> <input type="checkbox"/> DIRECTOR </td> </tr> </table>			NAME: RODNEY TRIEPKE TITLE: SEC/COO ADDRESS: 5705 GRANT CREEK RD CITY/ST/ZIP/CO: MISSOULA, MT 59808	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
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<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 55%; vertical-align: top;"> NAME: LORI PARKER  TITLE: TREAS/CFO  ADDRESS: 5705 GRANT CREEK RD  CITY/ST/ZIP/CO: MISSOULA, MT 59808 </td> <td style="width: 10%; text-align: center; vertical-align: top;"> <input checked="" type="checkbox"/> OFFICER </td> <td style="width: 35%; text-align: center; vertical-align: top;"> <input type="checkbox"/> DIRECTOR </td> </tr> </table>			NAME: LORI PARKER TITLE: TREAS/CFO ADDRESS: 5705 GRANT CREEK RD CITY/ST/ZIP/CO: MISSOULA, MT 59808	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: LORI PARKER TITLE: TREAS/CFO ADDRESS: 5705 GRANT CREEK RD CITY/ST/ZIP/CO: MISSOULA, MT 59808	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR			
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 55%; vertical-align: top;"> NAME: FRED BRYANT  TITLE: DIRECTOR  ADDRESS: CKWRI CAMPUS BOX 218  CITY/ST/ZIP/CO: KINGSVILLE, TX 78363 </td> <td style="width: 10%; text-align: center; vertical-align: top;"> <input type="checkbox"/> OFFICER </td> <td style="width: 35%; text-align: center; vertical-align: top;"> <input checked="" type="checkbox"/> DIRECTOR </td> </tr> </table>			NAME: FRED BRYANT TITLE: DIRECTOR ADDRESS: CKWRI CAMPUS BOX 218 CITY/ST/ZIP/CO: KINGSVILLE, TX 78363	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: FRED BRYANT TITLE: DIRECTOR ADDRESS: CKWRI CAMPUS BOX 218 CITY/ST/ZIP/CO: KINGSVILLE, TX 78363	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR			
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 55%; vertical-align: top;"> NAME: JOHN CAID  TITLE: DIRECTOR  ADDRESS: PO BOX 220  CITY/ST/ZIP/CO: WHITERIVER, AZ 85941 </td> <td style="width: 10%; text-align: center; vertical-align: top;"> <input type="checkbox"/> OFFICER </td> <td style="width: 35%; text-align: center; vertical-align: top;"> <input checked="" type="checkbox"/> DIRECTOR </td> </tr> </table>			NAME: JOHN CAID TITLE: DIRECTOR ADDRESS: PO BOX 220 CITY/ST/ZIP/CO: WHITERIVER, AZ 85941	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: JOHN CAID TITLE: DIRECTOR ADDRESS: PO BOX 220 CITY/ST/ZIP/CO: WHITERIVER, AZ 85941	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR			
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 55%; vertical-align: top;"> NAME: CHARLIE DECKER  TITLE: DIRECTOR  ADDRESS: 160 HAMMER CUTOFF ROAD  CITY/ST/ZIP/CO: LIBBY, MT 59923 </td> <td style="width: 10%; text-align: center; vertical-align: top;"> <input type="checkbox"/> OFFICER </td> <td style="width: 35%; text-align: center; vertical-align: top;"> <input checked="" type="checkbox"/> DIRECTOR </td> </tr> </table>			NAME: CHARLIE DECKER TITLE: DIRECTOR ADDRESS: 160 HAMMER CUTOFF ROAD CITY/ST/ZIP/CO: LIBBY, MT 59923	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: CHARLIE DECKER TITLE: DIRECTOR ADDRESS: 160 HAMMER CUTOFF ROAD CITY/ST/ZIP/CO: LIBBY, MT 59923	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR			

NAME:	LARRY DEVIN	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	65657 550TH ST		
CITY/ST/ZIP/CO:	GRISWOLD, IA 51535		
NAME:	SWEDE FRENCH	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	29638 SE WEITZ LANE		
CITY/ST/ZIP/CO:	EAGLE CREEK, OR 97022		
NAME:	LEE GAMBLE	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	118 COURT AVE., STE 2		
CITY/ST/ZIP/CO:	SEVIERVILLE, TN 37862		
NAME:	GEORGE MCCOY	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	1724 SALINAS DR		
CITY/ST/ZIP/CO:	LAS CRUCES, NM 88011		
NAME:	BOB MUNSON	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	16724 20TH AVE W		
CITY/ST/ZIP/CO:	LYNNWOOD, WA 98087		
NAME:	LINDA POWELL	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	5924 HIGHLAND GROVE DR		
CITY/ST/ZIP/CO:	SUMMERFIELD, NC 27358		
NAME:	LOU PRUSINOVSKI	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	3481 FOOTBRIDGE COURT		
CITY/ST/ZIP/CO:	REDDING, CA 96003		
NAME:	DENNIS RADOCHA	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	16595 HORSESHOE BEND RD		
CITY/ST/ZIP/CO:	BOISE, ID 83703		
NAME:	CHUCK ROADY	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	949 HILLCREST RD		
CITY/ST/ZIP/CO:	BONNERS FERRY, ID 83805		
NAME:	ROB SPRINGER	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	PO BOX 1648		
CITY/ST/ZIP/CO:	EATON PARK, FL 33840		
NAME:	LEE SWANSON	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	5303 COUNTY HWY KP		
CITY/ST/ZIP/CO:	CROSS PLAINS, WI 53528		

NAME:	MARK TOLAR	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	202 S CHARLTON		
CITY/ST/ZIP/CO:	WOODVILLE, TX 75979		
NAME:	KEITH WARD	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	3015 PAXSON STREET		
CITY/ST/ZIP/CO:	MISSOULA, MT 59801		
NAME:	GLENDA WILSON	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	38 ROLLING HILLS DRIVE		
CITY/ST/ZIP/CO:	CODY, WY 82414		
NAME:	CURTIS CHRISTIANSEN	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	PO BOX 145		
CITY/ST/ZIP/CO:	GIDDINGS, TX 78942		
NAME:	RODGER FLEMING	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	190 DINNERBELL ROAD		
CITY/ST/ZIP/CO:	BUTLER, PA 16002		
NAME:	PAUL O	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	132 GRASSY GAP LOOP		
CITY/ST/ZIP/CO:	BEECH MOUNTAIN, NC 28604		
NAME:	JERRY PIONESSA	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	PO BOX 3366		
CITY/ST/ZIP/CO:	MOULTRIE, GA 31776		
NAME:	TERRY SWEET	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	3163 1/3 ROAD		
CITY/ST/ZIP/CO:	GRAND JUNCTION, CO 81503		
NAME:	JOE TREADWAY	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	948 SAND HILL ROAD		
CITY/ST/ZIP/CO:	ASHEVILLE, NC 28806		
I AFFIRM THAT THE INFORMATION CONTAINED IN THIS ELECTRONIC REPORT IS ACCURATE AND COMPLETE AS OF THE DATE BELOW AND THAT I AM LEGALLY AUTHORIZED TO SIGN THIS REPORT.			
/s/ LORI PARKER	LORI PARKER, TREAS/CFO	10/30/2012	
SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	PRINTED NAME AND CORPORATE TITLE	DATE	
It is a Class 1 misdemeanor for any person to sign a document, which includes this electronic record, that is false in any material respect with the intent that the document be delivered to the Commission for filing.			